

Influenza Updates

Extending Flu Vaccine Season

Flu vaccine availability this season is the best it has been for many years. All manufacturers are already shipping influenza vaccine orders and hope to have most delivered by the end of October. This is great news for providers because it allows a few extra weeks for vaccination early in the season. Guidance (Continued on page 7...)



Flu Vaccine Recommendations 2007/2008

The Centers for Disease Control and Prevention (CDC), the Advisory Committee of Immunization Practices (ACIP), and the American Medical Association (AMA) support the following recommendations for those who should get the flu vaccine for the 2007/2008 season:

- 1. People at high risk for complications from the flu, including:**
 - Children aged 6 months until their 5th birthday
 - Pregnant women
 - People 50 years of age and older
 - People of any age with certain chronic medical conditions
 - People who live in nursing homes and other long term care facilities
- 2. People who live with or care for those at high risk for complications from flu, including:**
 - Household contacts of persons at high risk for complications from the flu
 - Household contacts and out-of-home caregivers of children less than 6 months of age
 - Health care workers
- 3. Anyone who wants to decrease his or her risk of influenza.**

**See MMWR, July 13, 2007 / Vol. 56 / No. rr-6 for full recommendations and a detailed list of high-risk conditions.*

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Download the most current Vaccine Information Statements (VISs) for influenza and PPV in a variety of languages at the Immunization Action Coalition (IAC) website:
www.immunize.org

Influenza Vaccination Rates

Adults

State-specific influenza vaccination rates for adults ≥ 18 years were recently published in the September 21, 2007 issue of the *Morbidity and Mortality Weekly Report (MMWR)*. Behavioral Risk Factor Surveillance System (BRFSS) data were used to evaluate vaccination rates for adult influenza among three age groups and among ethnic and race groups in the ≥ 65 group (see Table 1 for a Utah-U.S. comparison). The data evaluated come from the 2005-06 season, but include a comparison with the 2003-04 season (see Table 2). The BRFSS is the data source for the annual national influenza vaccination rates. It is a state-based, random-digit-dialed telephone survey of the non-institutionalized, U.S. civilian population ≥ 18 years. Data are weighted by age, sex, and, in certain states, race/ethnicity, to reflect the estimated adult population in each area.

The study evaluates influenza coverage rates in states and territories and compares them to the national overall rate. It also compares two influenza seasons and shows the level of change between these seasons. Results indicate that influenza vaccination coverage for the 2005-06 season did not return to levels observed before the vaccine shortage of 2004-05. The report concludes that, "Comprehensive measures are needed to improve influenza vaccination coverage among adult populations in the United States, including increasing adoption of recommended adult immunization practices by health care providers, raising public awareness about influenza vaccination, vaccinating throughout the influenza season, and ensuring stable supplies of readily available vaccine."

Table 1: Estimated self-reported influenza vaccination coverage during the 2005-2006 influenza season among adult ≥ 18 years, by state, selected age, risk, and racial/ethnic subgroups.

	Persons 18-49 yrs at high-risk	Other persons 18-49 yrs	All persons 50-64 yrs	All persons ≥ 65 yrs	Non- Hispanic Whites ≥ 65 yrs	All other races/ethnic minorities ≥ 65 yrs
U.S.	30.5%	18.3%	36.6%	69.3%	71.9%	58.3%
Utah	23.8%	23.1%	45.3%	73.4%	73.1%	77.7%

Table 2: Percentage-point change in estimated self-reported influenza vaccination coverage from the 2003-04 influenza season to the 2005-06 season among adult aged ≥ 18 years, by state and selected age and risk groups.

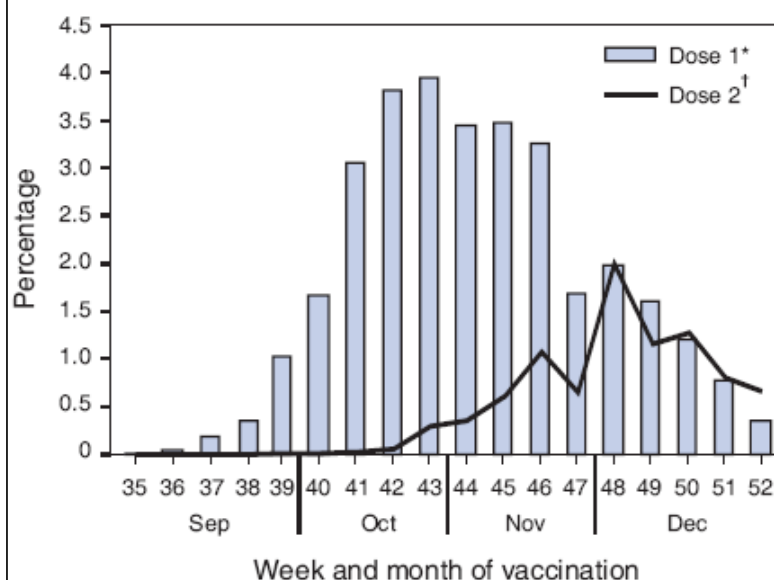
	Persons 18-49 yrs at high-risk	Other persons 18-49 yrs	Persons 50-64 yrs at high-risk	Other Persons 50-64 yrs	All persons ≥ 65 yrs	All persons ≥ 18 yrs
U.S.	-5.0%	-4.8%	-6.8%	-9.5%	-4.2%	-5.6%
Utah	-16.9%	-5.2%	-12.5%	-6.6%	-8.6%	-7.4%

BRFSS Influenza Coverage for persons ≥ 65 yrs	2002	2003	2004	2005	2006
U.S.	68.6%	70.2%	68.0%	65.7%	69.6%
Utah	71.1%	74.8%	75.5%	69.6%	72.1%

Children

Two analysis reports regarding influenza coverage among children also appear in the September 21, 2007 *MMWR* issue. One study analyzed influenza vaccination coverage among children aged 6-23 months during the 2005-06 influenza season, using data from the 2006 National Immunization Survey (NIS). The results of the analysis indicate that nationally, only 31.9% of children 6-23 months received at least 1 dose of influenza vaccine and only 20.6% were fully vaccinated with 2 doses, as recommended by the ACIP for the first influenza season these children were vaccinated. Results for Utah indicate that 36.9% of children 6-23 months received at least 1 dose and 24.2% received 2 doses. (The graph opposite was included in this report and shows national rates by week and month.)

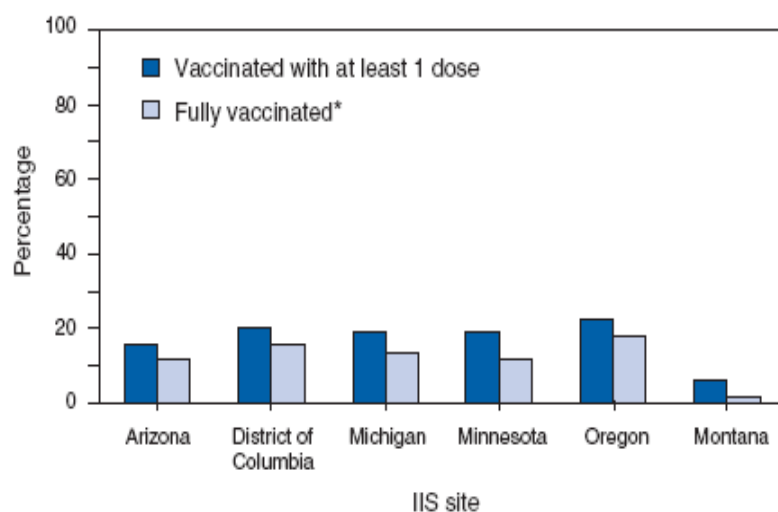
FIGURE. Percentage of children aged 6–23 months receiving influenza vaccination, by week of vaccination and dose received — National Immunization Survey, United States, September–December 2005



* Denominator is all age-eligible children (N = 13,546).

† Denominator is the subset of age-eligible children (n = 10,067) who had no influenza dose before September 2005 and thus were recommended by the Advisory Committee on Immunization Practices to receive 2 doses.

FIGURE 2. Influenza vaccination coverage among children aged 24–59 months — six immunization information system (IIS) sentinel sites, United States, 2006–07 influenza season



* Children were considered fully vaccinated if they had 1) received no dose of influenza vaccine before September 1, 2006, but then received 2 doses during September 1, 2006–March 31, 2007, or 2) received at least 1 dose of influenza vaccine before September 1, 2006, and then received at least 1 dose during September 1, 2006–March 31, 2007.

In the second children's study reported, CDC conducted the first assessment of influenza vaccination coverage among children aged 6-59 months during the 2006-07 influenza season using data from six immunization information system sentinel sites. Study results indicate that, at all six sites, <30% of children 6-23 months and <20% of children 24-59 months were fully vaccinated (see Figure 2 opposite). These findings appear in the same *MMWR* issue.

The results of both studies underscore the need to continue to monitor influenza vaccination coverage among young children, develop systems to provide childhood influenza vaccination services more efficiently, and increase awareness among health care providers and caregivers about the effectiveness of influenza vaccination among young children.

What's New with FluMist®



FDA Approval of FluMist® Expanded to Include Children 2–5 Years of Age

On September 19, 2007 the U.S. Food and Drug Administration (FDA) approved the expanded use of the live virus nasal influenza vaccine, FluMist, to include children from 2 to 5 years of age. The previous ACIP recommendation was for healthy, non-pregnant individuals 5 through 49 years of age. The recent FDA approval for the new FluMist formulation includes expansion of the age group to persons 2 - 49 year and some changes in the storage and handling and prescribing information.

Warnings and precautions indicate that FluMist should not be administered to any individual with asthma or to children less than 5 years of age with recurrent wheezing. Additionally, administration of FluMist to immunocompromised persons and persons with an occurrence of Guillain-Barré syndrome within the last six weeks should be based on careful consideration of potential benefits and

risks. The ACIP has not yet published a statement for the FDA-approved changes.

The new FluMist formulation allows the vaccine to be stored in

the refrigerator. FluMist should now be stored *only* in the refrigerator between 2-8°C (35-46°F) upon receipt of delivery.

Another change in FluMist is the quantity of vaccine used for vaccination. Previously, the dosage in the sprayer was 0.5mL of vaccine per dose (half of which was sprayed in each nostril). The new approved formulation utilizes only 0.2mL of vaccine per dose (with 0.1mL sprayed in each nostril). Manufacturer studies show similar vaccine efficacy with the reduced quantity per dose.

As with the injectable influenza vaccine, children 2 through 8 years of age receiving FluMist should be given two doses of vaccine in a single season for either the first or second year that the child receives vaccine. All other persons are recommended to receive only one dose of flu vaccine annually.

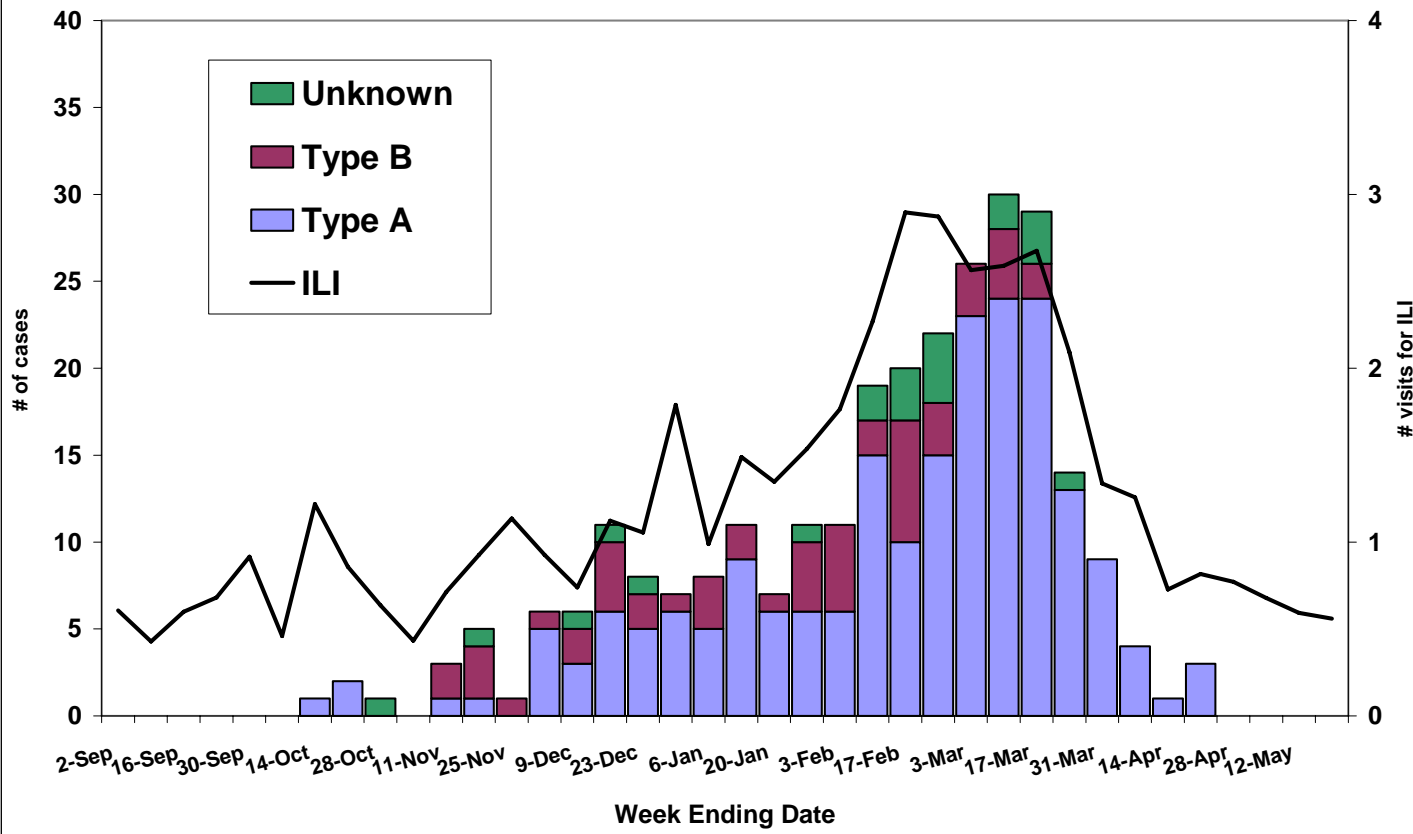
***FluMist® is now
approved for
persons 2 through
49 years of age.***

***FluMist should not be
administered to any
individual with asthma or
to children less than 5
years of age with
recurrent wheezing.***

Utah Influenza Surveillance for 2006/2007

Hospitalizations by Virus Type and Week and Influenza-Like Illness

Figure 3. Number of laboratory-confirmed, influenza-associated hospitalizations, by influenza virus type and week of event, and patient visits for influenza-like illness- Utah, 2006-2007 influenza season



Graph by Lisa Wyman, MPH, Bureau of Epidemiology, Utah Department of Health,

Reimbursement Rates for Influenza and Pneumococcal Polysaccharide (PPV) Vaccinations Increased

Utah's **Medicare** adult influenza and PPV administration reimbursement rate for 2007 is **\$18.37** per dose. Utah's **Medicaid** administration reimbursement rate for children is a minimum of **\$11.70** per dose. Vaccine reimbursement rates and codes for influenza and PPV are:

- **90655** Influenza (0.25mL syringe, Preservative free) **\$16.11**
- **90656** Influenza (0.50mL syringe or vial, Preservative free) **\$17.37**
- **90657** Influenza (0.25mL containing Preservative) **\$6.61**
- **90658** Influenza (0.50mL containing Preservative) **\$13.22**
- **90660** Influenza (Nasal) **\$21.18**
- **90732** Pneumococcal Polysaccharide Vaccine **\$29.73**

Be a Protector Not a Vector Campaign

Health Care Personnel (HCP) refers to all paid and unpaid persons working in health care settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to):

- *Physicians*
- *Nurses*
- *Nursing assistants*
- *Therapists*
- *Technicians*
- *Emergency medical service personnel*
- *Dental personnel*
- *Pharmacists*
- *Laboratory personnel*
- *Autopsy personnel*
- *Students and trainees*
- *Contractual staff not employed by the health care facility*
- *Persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.*

The ACIP influenza recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, outpatient clinics, and to persons who provide home health care and emergency medical services.

All health care personnel are recommended to receive the influenza vaccine. However, it is estimated that only 40% of all health care personnel are vaccinated against influenza each season. Because health care workers are in constant contact with patients who are ill, those who are unvaccinated are at risk of contracting and spreading influenza to their unvaccinated patients, families, friends and coworkers. Raising the rate of influenza vaccine coverage in Utah will take some effort, but the reward is reduced spread of disease for everyone.

Intermountain Logan Regional Hospital raised its employee rates from 41% in 2000/2001 to 84% in 2006/2007. Infection Control Practitioner, Debbi Moore, RN, believes the strategies listed below helped the hospital reach its goal of 80% vaccination coverage:

- **Use a visible flu campaign, incentives and frequent reminders (e.g., posters, buttons, cookie coupons, emails)**
- **Bring the vaccine to the employee (make it easy for employees to be vaccinated)**
- **Require either vaccination or a signed waiver for declining vaccination**

The *Be a Protector Not a Vector* posters were developed by the Utah Adult Immunization Coalition (UAIC) to help facilities remind their employees to get vaccinated. Please join the effort. Place posters in visible employee locations and help raise influenza vaccine rates among all Utah health care personnel.

Download Infection Control Policy for Healthcare Personnel



Waivers and other HCP policy forms are available in file format on the Utah Immunization Program home page at: www.immunize-utah.org.

Extending Flu Vaccine Season continued from page 1...

from the CDC, the ACIP and the AMA states that providers may begin vaccinating as soon as vaccine is available.

There are no priority groups for the 2007/2008 influenza season. Tiered priority groups are needed only when vaccine supplies are limited. With the large anticipated quantity of influenza vaccine available this season, vaccination deferral for any group is unnecessary and all adults wishing to avoid illness are encouraged to seek vaccination.

The early availability of influenza vaccine this season will facilitate better overall coverage by increasing vaccination at the beginning of the season. However, with record numbers of doses projected for the 2007/2008 season, it will also be important to extend the traditional influenza vaccination season much later than in previous years. Vaccination is recommended into the winter months because disease activity often does not peak until February or March. Vaccination efforts should continue until the vaccine expires.

To help with the effort to extend the flu vaccination season, CDC has designated the week of November 26 through December 2 as **National Flu Vaccination Week**. This campaign will high-

“Vaccination efforts should continue throughout the season, because the duration of the influenza season varies, and influenza might not appear in certain communities until February or March.” (ACIP)

light influenza vaccination at a time when vaccination campaigns have traditionally been drawing to a close. CDC will issue a national press release and vaccination activities are being planned nationwide to coordinate with this campaign. The target is to raise awareness among persons who have not yet received an influenza vaccine that vaccination in November, December and later can still provide protection against the flu. December and later is not too late to seek an influenza vaccination. Providers are encouraged to continue to vaccinate throughout the influenza season, until vaccine supplies are depleted or the vaccine expires.

There are many individuals who would still benefit from influenza vaccination, regardless of whether it is late in the season. International travelers are one group who are recommended to receive influenza vaccine throughout the year. And children under age 9 are recommended to receive 2 doses of influenza vaccine in a single season of their first two years of influenza vaccination (*two doses of influenza vaccine in one season are not recommended for any other age group.*) Although every effort should be made to vaccinate these children with two doses as early as possible in a single season, some children may not return at the recommended time to receive their second dose. To bring up these children to their full level of immunity they should be vaccinated as soon as they present, even if it is later in the season.

Additionally, anyone who has not yet been ill with all three strains of influenza contained in the vaccine can still benefit from influenza vaccination.

By extending their flu vaccination season, providers will be able to utilize the full quantity of vaccine ordered and ensure that vaccine is reaching as many people as possible.

Information from the July 13, 2007 / 56 / RR-6 MMWR was utilized for this article.

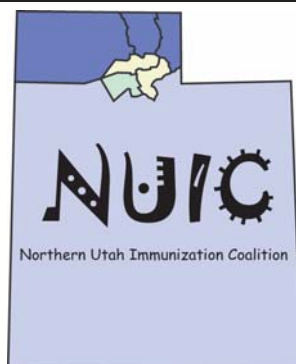
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 Salt Lake City, Utah 84114-2001

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 Fax: 801-538-9440

Check out our website at:
www.immunize-utah.org
HOTLINE: 1-800-275-0659



Influenza Updates



Meetings held at:

**Weber-Morgan
 Health Department
 477 23rd Street
 Ogden, Utah 84401
 2nd Floor Conf. Rm.**

at 2:00 p.m. on the first Tuesday of each month



Utah Adult Immunization Coalition

Welcomes all interested providers to
 attend the monthly UAIC meetings
 held at 8:00 a.m. on the fourth
 Wednesday of each month at:

HealthInsight

**348 E 4500 S Suite 300
 Salt Lake City, Utah 84107**

Or join the meeting by
 phone at:

**1-888-809-4012
 code 941770**

Flu Vaccine Locator

The "Utah Flu Vaccine Locator" is designed to help those who need vaccine find a clinic that meets their individual needs. Facilities offering influenza vaccinations enter their clinic dates, times, fees, services, and vaccine availability into the Flu Vaccine Locator. This information is then made available to the public through the Utah Immunization Program website and is also used by the Immunization Hotline. Individuals without online access can locate influenza vaccine simply by calling the Immunization Hotline at 1-800-275-0659.

A search for influenza vaccine can be made by date parameter and by county or city. This narrows the search to the locations within a specific area and a specific time frame. The locator

will display all clinics in the system that fit the criteria. Clinic listings provide detailed information about times, fees, available vaccines, billing options and ages served.

The Flu Vaccine Locator is posted on the Utah Immunization Program website beginning in September and remains operational through the end of March.

Listings should be updated with new information and/or changes throughout this period by the vaccine provider sites. Accuracy of information is the responsibility of the provider.

Any provider wishing to post clinics on the Flu Vaccine Locator may call the Utah Immunization Program at 1-801-538-9450.



To access the Flu Vaccine Locator, go to:
www.immunize-utah.org